

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/756283

FILING DATE

01-03-01

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49											
50											
TOTAL IND.	4			4							
TOTAL DEP.	21			20							
TOTAL CLAIMS	25			24							
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS